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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # P95000036102 (8)

1. Corporation Name

MIRO BAGEL FACTORY, INC.



Principal Place of Business

Mailing Address

4368 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410

4368 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2a. Mailing Address

21 Some
Suite, Apt. #, etc.

26 Some
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIOFFI, MICHAEL J
3624 ALDER DR.
#H2
WEST PALM BEACH FL 33417

81 Name Robert Veglia
82 Street Address (P.O. Box Number is Not Acceptable)
5716 Golden Eagle Circle
83
84 City Palm Beach Gardens FL 85 Zip Code 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert Veglia Vice Pres./Secretary

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Michael Cioffi
STREET ADDRESS 3624 Alder Dr. #H2
CITY-STATE-ZIP W.P.B. FL 33417

☒ DELETE

TITLE Vice President
NAME Robert Veglia
STREET ADDRESS 5716 Golden Eagle Cir.
CITY-STATE-ZIP P.B.G. FL 33418

☒ DELETE

TITLE Secretary
NAME Robert Veglia
STREET ADDRESS 5716 Golden Eagle Cir.
CITY-STATE-ZIP P.B.G. FL 33418

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

1.1 TITLE President
1.2 NAME Robert Veglia
1.3 STREET ADDRESS 5716 Golden Eagle Cir.
1.4 CITY-STATE-ZIP P.B.G. FL 33418

☒ Change ☐ Addition

2.1 TITLE Vice President
2.2 NAME Michael Cioffi
2.3 STREET ADDRESS 16200 Mellen Ln.
2.4 CITY-STATE-ZIP Jupiter Farms, FL 33478

☒ Change ☐ Addition

3.1 TITLE Secretary
3.2 NAME Robert Veglia
3.3 STREET ADDRESS 5716 Golden Eagle Cir.
3.4 CITY-STATE-ZIP P.B.G. FL 33418

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Veglia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Veglia

Date

1/16/96

Daytime Phone #

(407) 625-6677

CR2E034 (12/95)